

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-12-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening/conditioning (initial and additional hours) from 3/21/03 through 4/15/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3/21/03 through 4/15/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 6, 2004

RE:

MDR Tracking #: M5-04-2127-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for

independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation it appears that the claimant sustained an injury on _____ when he fell out of a forklift and landed on a ramp. The claimant reported injuries to his left elbow, low back, neck and mid-back. The claimant was seen initially at _____ and then presented the following day to A&I. Plain film x-rays revealed unremarkable studies of the cervical, thoracic and lumbar spine as well as his left elbow. A MRI was performed on 10/23/2002, which revealed a bone contusion of the olecranon process, left elbow joint effusion, a soft tissue contusion and a 3 mm posterior central canal protrusion at L4-5. Chiropractic therapy was rendered by _____. The claimant underwent a NCV/EMG study that reported a left and right median nerve entrapment at the wrist with no cervical complaints. The claimant was evaluated by _____ who prescribed medications and offered a surgical option, which the claimant refused. The claimant was evaluated by _____ on 02/12/2003 for a designated doctor exam. _____ assigned a 1% whole person impairment. The claimant began a work hardening program on 02/13/2003 that was completed on 04/15/2003. The documentation ends here

Requested Service(s)

Please review and address the medical necessity of the outpatient services including work hardening/conditioning, rendered between 03/21/2003 and 04/15/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant sustained an elbow contusion with a possible trabecular fracture and a lumbar sprain/strain. The therapy that the claimant underwent prior to the work-hardening program appear to be an adequate amount to restore the claimant to his previous work capacity. There is no objective documentation that would support a work hardening program over a home-based exercise program and returning to work with possible restrictions. Ongoing therapy including the work hardening program is not supported objectively. The designated doctor exam performed prior to the work hardening program placed the claimant at MMI on 02/12/2003, which is a month before a work hardening program was implemented. _____ exam revealed that the claimant had a reduced ROM in his left elbow. The remainder of the exam including strength and neurological findings were within normal limits. The possible fracture would be well healed at that time. Further treatment beyond the date of MMI (02/12/2003) was not medically supported. The work hardening program did not offer the claimant anymore than a HEP and a return to work with restrictions protocol.